

NICHOLLS STATE UNIVERSITY
PURCHASING DEPARTMENT
PO BOX 2052 University Station
104 Elkins Hall
Thibodaux, La 70310
Phone No. (985) 448-4038 - Fax No. (985) 448-4921
EO/AA Employer, M/F/H/V

BID NO. **SB01838**

Date: **12/13/2021**

INVITATION, BID AND ACCEPTANCE

INVITATION: Sealed bids, subject to the conditions herein stated and attached hereto, will be received at this office until **3:00 P.M. on 01/07/2022** and then publicly opened for furnishing the items and/or services as described below for Nicholls State University.

Signed 
Terry G. Dupre, Sr.
Director of Purchasing

The right is reserved to reject all or part of your offer as well as to cancel this entire solicitation
DESCRIPTION

"Bid Number SB01838 Nursing Lab Supplies"

INSTRUCTIONS:

1. YOUR BID SHALL BE MADE ON THE ATTACHED BID FORM(S) AND RETURNED WITH THIS "INVITATION" IN A SEALED ENVELOPE WITH YOUR NAME AND ADDRESS ON THE OUTSIDE OF THE ENVELOPE YOUR BID IS SUBMITTED IN. THE ENVELOPE MUST CLEARLY IDENTIFY THE BID TITLE, BID NUMBER, AND THE SCHEDULED RETURN DATE AND TIME. IF THE SOLICITATION REQUIRES THAT THE WORK IN THE SOLICITATION MUST BE PERFORMED BY A LICENSED LOUISIANA CONTRACTOR, THEN YOUR LOUISIANA CONTRACTORS LICENSE NUMBER MUST BE WRITTEN ON THE OUTSIDE OF THE ENVELOPE THE BID IS SUBMITTED IN.
2. The University cannot accept bids or alterations by wire, phone or facsimile.
3. ALL PRICES ARE TO BE QUOTED COMPLETE AND F.O.B. NICHOLLS STATE UNIVERSITY, THIBODAUX, LA.
4. All prices assumed firm unless otherwise stated.
5. Any bid received after bid closing time will be returned unopened.
6. As a state agency, the University is NOT liable for state sales tax in acted by the State Legislature and in effect at the time of issuance of the order. Do not include federal excise tax unless requested.
8. Unless otherwise specified all bids shall be binding for 30 calendar days from date of bid opening.
9. THIS BID INVITATION SHEET MUST BE SIGNED IN ACCORDANCE WITH R.S. 39:1556(53). YOUR SIGNATURE IDENTIFIES YOUR INTENT TO BE BOUND. FAILURE TO SIGN THIS PAGE MAY RESULT IN YOUR BID NOT BEING CONSIDERED.
10. Additions for packing or other items not quoted will not be allowed.

BIDDER SHOULD FILL IN ALL BLANK SPACES

Terms will be and shipment will be made within _____ days of receipt of order.

BID

In compliance with the above invitation for bids and subject to the conditions thereof, the undersigned offers and agrees if this bid be accepted within _____ days from the date of opening to furnish any or all of the items (or sections) at the price set opposite each item (or section). (In case of a continuing contract this price shall remain in effect until _____.)

Bidder _____
Address _____

Email _____

Signed _____
Title _____
Phone (_____) _____
Fax (_____) _____

Federal Tax ID Number: _____

NAME OF BIDDER MUST MATCH NAME ON ATTACHED W9 FORM.

NAME ON W9 FORM MUST AGREE WITH THE NAME ASSIGNED TO FEDERAL TAX ID NUMBER PROVIDED.

Acceptance by NICHOLLS STATE UNIVERSITY, THIBODAUX, LOUISIANA as to items numbered:

Signed _____

Date _____



Nicholls State University

Purchasing Office

P. O. Box 2052 – Thibodaux, LA 70310
985.448.4038 – Fax: 985.448.4921

December 13, 2021

PUBLIC NOTICE INVITATION TO BID

Sealed bids will be received by the Purchasing Department, NICHOLLS STATE UNIVERSITY, Thibodaux, La. on **January 07, 2022** at **3:00 P.M.** for:

"Bid Number SB01838 Nursing Supplies"

At which time and place the bids will be publicly opened and read aloud. Any bid received after closing time will be returned unopened.

Copies of the specifications may be obtained in electronic format by visiting the State of Louisiana, Office of State Purchasing, LaPAC Web Site, <http://wwwprd1.doa.louisiana.gov/OSP/LaPAC/pubMain.cfm>. Copies of specifications are on file in the Office of the Director of Purchasing, NICHOLLS STATE UNIVERSITY, Thibodaux, LA. To obtain a copy of the specifications from Nicholls State University, call (985) 448-4038 or e-mail terry.dupre@nicholls.edu or evelyn.summers@nicholls.edu

Bids must be returned to the Purchasing Office in sealed envelopes. Bids must be submitted on the form enclosed with the bid specification, and in strict conformity with the intent of same without modifications. Bids must be signed in ink, dated, and title of person signing the bid should be shown on the bid.

No bid may be withdrawn after the scheduled closing time for receipt of bids for at least thirty (30) days.

The University reserves the right to reject any or all bids, and to waive any informalities.

Evidence of authority to submit the bid shall be required in accordance with R.S. 38:2212(B)(5) and/or R.S. 39:1594(C)(4).

An Equal Opportunity Employer.

NICHOLLS STATE UNIVERSITY
THIBODAUX, LOUISIANA

Terry G. Dupre, Sr.
Director of Purchasing, Property Control
and Support Services Administration

TO BE RUN: December 16, 2021
BID DUE: January 07, 2022



Nicholls State University

Purchasing Office

P. O. Box 2052 – Thibodaux, LA 70310
985.448.4038 – Fax: 985.448.4921

STATE OF LOUISIANA HUDSON INITIATIVE

The Louisiana Initiative for Small Entrepreneurships (the Hudson Initiative) was established in accordance with La. R.S. 39:2001- 2008 and La. R.S. 51:931. This is a goal-oriented program which encourages State agencies to contract with certified small entrepreneurships, as well as encouraging contractors who receive contracts from the State to use good faith efforts to utilize certified small entrepreneurships as subcontractors in the performance of the contract. The Hudson Initiative is a race and gender-neutral program. The primary intent of this program is to provide additional opportunities for Louisiana-based small entrepreneurships that are certified by the Louisiana Department of Economic Development to participate in contracting and procurement with the State. The comprehensive rules governing the implementation of the program are located at <http://www.doe.la.gov/pages/osp/se/secv.aspx>. This program is under the auspices of Louisiana Department of Economic Development. All State departments/agencies including the Office of State Procurement, Facility Planning and Control, and the Department of Transportation and Development, as well as colleges and universities, and community and technical colleges are encouraged to participate in this program. The Office of State Procurement facilitates the administration of the program.

Certain procurements will be designated as suitable for participation in the Hudson Initiative. In order to be responsive to the solicitation, the vendor must either be a certified small entrepreneurship, in accordance with La. R.S. 39:2006, or put forth a good faith subcontracting plan to utilize certified small entrepreneurships in the performance of the contract.

In order to assist in locating those small entrepreneurships that are certified by the Department of Economic Development, a "quick reference list" has been compiled, which is arranged alphabetically and by commodity class. This list is automatically refreshed (updated) each time it is opened. The complete list of certified small entrepreneurships is maintained by Louisiana Department of Economic Development, which is responsible for certification of businesses. The list may be accessed here:
<https://smallbiz.louisianaeconomicdevelopment.com/Search>.

Small entrepreneurships that are not currently certified and are interested in participating in procurement and contracting opportunities with the State under the Hudson Initiative are encouraged to visit the Louisiana Economic Development Small Business Certification System at <http://www.louisianaeconomicdevelopment.com/page/hudson-initiative> for qualification requirements and on-line certification. After certification, businesses are encouraged to register in the LaGov Supplier Portal: https://lagoverpvendor.doe.louisiana.gov/irj/portal/anonymous?guest_user=self_reg.

**STATE OF LOUISIANA
NICHOLLS STATE UNIVERSITY
THIBODAUX, LOUISIANA
A Member of the University of Louisiana System**

Rev. 10/2020

The Nicholls State University (NSU) Purchasing Department will receive sealed bids until 3:00 P.M. on the bid opening date specified in the solicitation document. No bid responses will be considered by the NSU Purchasing Department received after 3:00 P.M. on the date specified. Beginning at that time, bids shall be publicly opened and read aloud to those present in the NSU Purchasing Department.

Mail address: Nicholls State University
Purchasing Department
P. O. Box 2052
Thibodaux, LA 70310

Delivery: Nicholls State University
Purchasing Department
906 East First Street
Room 104 Elkins Hall
Thibodaux, LA 70301

Bids submitted are subject to LA R.S. 39:1551-1736; Purchasing Rules and Regulations; Executive Orders; General Conditions; any Special Conditions; and Specifications listed in the solicitation document.

The purpose of this solicitation is to set forth the requirements and specifications of Nicholls State University. The contents of this solicitation and the Bidder/ Vendor/ Contractor's bid response shall become contractual obligations if a contract (purchase order) ensues.

INSTRUCTIONS TO BIDDERS

- 1) **Bid Forms:** All written bids, unless otherwise provided for, must be submitted on, and in accordance with, forms provided, properly signed in accordance with R.S. 39:1556(53) by an authorized representative of the bidding entity. Bid prices shall be typewritten or in ink. Bids submitted in the following manner will not be accepted: (1) bid contains no signature indicating intent to be bound; (2) bid filled out in pencil; and (3) bid sent by facsimile equipment. Price alterations to bid responses received before bid opening time will be considered provided the written price alteration has been received and time-stamped before bid opening time. Any other alterations of the bid response form or foreign conditions attached thereto may cause rejection of the bid response without further consideration.

The NSU Purchasing Department reserves the right to award items separately, grouped or on an all-or-none basis and to reject any or all bids and waive any informalities.

- 2) **Sealed Envelope:** To assure consideration, all bids must be submitted in a sealed envelope. The Envelope must contain: THE BID NUMBER, THE DUE DATE AND TIME, AND THE NAME OF THE BIDDER.

ADDITIONALLY: THE OUTSIDE OF THE BID ENVELOPE MUST CONTAIN THE STATE OF LOUISIANA CONTRATOR'S LICENSE NUMBER SHOULD THE WORK PROVIDED IN THE SPECIFICATION REQUIRE THAT THE BIDDER BE LICENSED BY THE LOUISIANA STATE LICENSING BOARD FOR CONTRACTORS IN THE APPROPRIATE CLASSIFICATION FOR THE WORK TO BE PERFORMED UNDER THIS SPECIFICATION OR THE SPECIFIC CLASSIFICATION IDENTIFIED IN THE ADVERTISEMENT OR THE SPECIFICATION.

THE CONTRACTOR'S LICENSE NUMBER SHALL APPEAR FOR ANY BID SUBMITTED IN THE AMOUNT OF \$50,000 OR MORE. \$10,000.00 OR MORE FOR ELECTRICAL OR MECHANICAL WORK.

FAILURE OF THE BIDDER TO WRITE THE CONTRACTOR'S LICENSE NUMBER ON THE OUTSIDE OF THE BID ENVELOPE SHALL CAUSE THEIR BID TO BE AUTOMATICALLY REJECTED AND NOT READ.

- 3) **Standard of Quality:** Any product or service bid shall conform to all applicable Federal and State laws and regulations and specifications contained in the solicitation document. Unless otherwise specified in the solicitation document, any manufacturer's name, trade name, brand name, or catalog number used in the specifications is for the purpose of describing the quality level and characteristic required. Bidder should specify the brand and model number of the product offered in his bid. Bids not specifying brand and model number shall be considered as offering the exact products specified in the solicitation document.
- 4) **Descriptive Information:** Bidders proposing an equivalent brand or model should submit with the bid response information (such as illustrations, descriptive literature, technical data) sufficient for the University to evaluate quality, suitability, and compliance with the specifications of the solicitation document. Failure to submit descriptive information may cause bid to be rejected. Any change made to a manufacturer's published specification submitted for a product shall be verifiable by the manufacturer. If item(s) bid does not comply with specifications (including brand and/or product number), bidder should state in what respect the item(s) deviate. Failure to note exceptions on the response form will not relieve the successful bidder(s) from supplying the actual products requested.
- 5) **Bid Opening:** Bidders may attend the bid opening, but no information or opinions concerning the ultimate contract award will be given at the bid opening or during the evaluation process. Bids may be examined 72 hours after request is made. Information pertaining to completed files may be secured by visiting the NSU Purchasing Department during normal working hours. Written bid tabulations will not be furnished.
- 6) **Louisiana Preference:** Preference is hereby given to products produced, manufactured, harvested, grown or assembled in Louisiana which are equal in quality to products produced, manufactured, harvested, grown or assembled outside of Louisiana. The bidder shall state his right to claim the ten percent (10%) preference in his bid response on the form provided and the bidder should state the respective Louisiana location where each qualifying item is produced, manufactured, harvested, grown or assembled.

-Instructions to bidders continued-**7) Signature Authority: ATTENTION: .R.S. 39:1594(C)(4) requires evidence of authority to sign and submit bids to the State of Louisiana. You should indicate which of the following apply to the signer of this bid.**

1. The signer of the bid is either a Corporate Officer who is listed on the most current annual report on file with the Secretary of State or a member of a partnership or partnership in Commendam as reflected in the most current Partnership Records on file with the Secretary of State. A copy of the Annual Report or Partnership Record must be submitted to this office before contract award.
2. The signer of the bid is a representative of the Bidder Authorized to submit this bid as evidenced by documents such as, Corporate Resolution, Certification as to Corporate Principal, etc. If this applies, a copy of the Resolution, Certification, or other supportive documents must be attached hereto.
3. The bidder has filed with the Secretary of State an Affidavit or Resolution or other acknowledged/authentic document indicating that the signer is authorized to submit bids for public contracts. A copy of the applicable document must be submitted to this office before contract award.
4. An individual listed on the State of Louisiana Bidder's Application as authorized to execute bids.

By signing the bid, the bidder certifies compliance with the above.

- 8) Addendums:** If an addendum is issued regarding the bid solicitation, it is the responsibility of the bidder, prior to submitting their bid, to periodically visit if any addendums were issued and posted to the State of Louisiana Purchasing Department LaPAC website.
- 9) Bid Bonds:** If a bid bond is required, a bid bond must be submitted for each separate bid response. The bid bond shall be in an amount equal to 5% of the bid price submitted and alternates, if any. The bid security shall be in a form of a bid bond or certified check, or cashiers check.

(PLEASE NOTE THAT A BID BOND MUST BE SIGNED BY THE AGENT OR ATTORNEY-IN-FACT OF THE SURETY.)

(*) The surety or insurance company furnishing the bid bond shall be currently on the U.S. Department of the Treasury Financial Management Service list of approved bonding companies or by an insurance company that is either domiciled in Louisiana or owned by Louisiana residents and is licensed to write surety bonds.

FOR THIS BID SOLICITATION:

BID BOND REQUIRED: _____ Yes X No

PERFORMANCE BOND REQUIRED: _____ YES X NO

PURCHASE WILL BE EXECUTED WITH: X Purchase Order Only

_____ Purchase Order and Formal Two Party Contract

_____ Formal Two Party Contract Only

GENERAL CONDITIONS

Rev 06/2020

- 1) **Prices:** Unless otherwise specified in the solicitation, bid prices shall be complete, including transportation and handling prepaid by the bidder to destination - NSU, Thibodaux, LA. Bids other than FOB destination may be rejected. Bid prices should be quoted in the unit of measure stated. Bid prices shall be firm for a minimum of thirty (30) calendar days, unless otherwise specified by NSU in the solicitation document.
- 2) **Payment Terms:** Cash discounts for less than 30 days may be offered, but will not be considered in determining awards. Bids containing "payment in advance" or "COD" requirements may be rejected. Payment is to be made within 30 days after receipt of properly executed invoice or delivery, whichever is later.
- 3) **Delivery:** Bids may be rejected if the delivery time indicated is longer than that specified in the solicitation document.
- 4) **Taxes:** Bidder is responsible for including all applicable taxes in the bid price. The University is currently exempt from Louisiana State Sales and Use Taxes, and local parish and city taxes. An exemption certificate for state sales and use tax can be provided upon request.
- 5) **New Products:** Unless specifically called for in the solicitation document, all products for purchase must be new, never previously used, and the current model and/or packaging. No remanufactured, demonstrator, used or irregular product will be considered for purchase unless otherwise specified in the solicitation document. The manufacturer's standard warranty will apply unless otherwise stated in solicitation.
- 6) **Default of Contractor:** Failure to deliver within the time specified in the solicitation document will constitute a default and may cause cancellation of the contract. Where the University has determined the contractor to be in default, the state reserves the right to purchase any or all products or services covered by the contract on the open market and to charge the contractor with cost in excess of the contract price. Until such assessed charges have been paid, no subsequent bid from the defaulting contractor will be considered.
- 7) **Contract Cancellation:** The University shall have the right to cancel any contract, in accordance with Purchasing Rules and Regulations, for cause, including but not limited to, the following: (1) failure of the vendor to deliver within the time specified in the contract; (2) failure of the product or service to meet specifications, conform to sample quality, or to be delivered in good condition; (3) misrepresentation by the contractor; (4) fraud, collusion, conspiracy or other unlawful means of obtaining any contract with the state; (5) conflict of contract provisions with constitutional or statutory provisions of state or federal law; (6) any other breach of contract.
- 8) **Applicable Law:** All contracts shall be construed in accordance with and governed by the laws of the State of Louisiana.
- 9) **COMPLIANCE WITH CIVIL RIGHT LAWS:** By submitting and signing this bid, bidder agrees **The contractor agrees to abide by the requirements of the following as applicable: Title VI of the Civil Rights Act of 1964 and Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, Federal Executive Order 11246 as amended, the Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, the Fair Housing Act of 1968 as amended, and contractor agrees to abide by the requirements of the Americans with Disabilities Act of 1990.**

Contractor agrees not to discriminate in its employment practices, and will render services under this contract without regard to race, color, religion, sex, sexual orientation, national origin, veteran status, political affiliation, disability, or age in any matter relating to employment. Any act of discrimination committed by Contractor, or failure to comply with these statutory obligations when applicable shall be grounds for termination of any contract awarded as a result of this solicitation.
- 10) **SPECIAL ACCOMMODATION:** Any "Qualified individual with a Disability" as defined by the American with Disabilities Act who has submitted a bid and desires to attend the bid opening, must notify this office in writing not later than seven days prior to the bid opening date of their need for special accommodations. If the request cannot be reasonably provided, the individual will be informed prior to the bid opening.
- 11) **INDEMNITY:** Contractor agrees, upon receipt of written notice of a claim or action, to defend the claim or action, or take other appropriate measure, to indemnify, and hold harmless, the state, its officers, its agents and its employees from and against all claims and actions for bodily injury, death or property damages caused by the fault of the contractor, its officers, its agents, or its employees. Contractor is obligated to indemnify only to the extent of the fault of the contractor, its officers, its agents, or its employees. However, the contractor shall have no obligation as set forth above with respect to any claim or action from bodily injury, death or property damages arising out of the fault of the state, its officers, its agents or its employees.

12) CERTIFICATION OF NO SUSPENSION OR DEBARMENT: By signing and submitting any bid for \$25,000 or more, the bidder certifies that their company, any subcontractors, or principals are not suspended or debarred by the General Services Administration (GSA), in accordance with the requirements in OMB Circular A-133. A list of parties who have been suspended or debarred can be viewed via the internet at <https://www.sam.gov/index.html/#1>.

13) FEDERAL CLAUSES, IF APPLICABLE: ANTI-KICKBACK CLAUSE- The contractor hereby agrees to adhere to the mandate dictated by the Copeland "Anti-Kickback" Act which provides that each contractor or subgrantee shall be prohibited from inducing, by any means, any person employed in the completion of work, to give up any part of the compensation to which he is otherwise entitled.

CLEAN AIR ACT- The contractor hereby agrees to adhere to the provisions which require compliance with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act which prohibits the use under non-exempt Federal Contracts, Grants or Loans of Facilities included on the EPA list of Violating Facilities.

ENERGY POLICY AND CONSERVATION ACT- The contractor hereby recognizes the mandatory standards and policies relating to energy efficiency which are contained in the State Energy Conservation Plan issued in compliance with the Energy Policy and Conservation Act (P.L. 94-163).

CLEAN WATER ACT- The contractor hereby agrees to adhere to the provisions which require compliance with all applicable standards, orders or requirements issued under Section 508 of the Clean Water Act which prohibits the use under non-exempt Federal Contracts, Grants or Loans of Facilities included on the EPA list of Violating Facilities.

ANTI-LOBBYING AND DEBARMENT ACT- The contractor will be expected to comply with Federal Statutes required in the Anti-Lobbying Act and the Debarment Act.

SPECIAL CONDITIONS

BID NUMBER: SB01838 BID OPENING: 01/07/2022

06/2020

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NOTICE TO BIDDERS:

- A. ITEMS PURCHASED THAT ARE PRODUCED, MANUFACTURED, ASSEMBLED, GROWN, OR HARVESTED IN LOUISIANA ARE SUBJECT TO PREFERENCE LAWS, SEE BELOW.
- B. PROCUREMENT OF DOMESTICS PRODUCT ACT: ITEMS MANUFACTURED IN THE UNITED STATES ARE SUBJECT TO PREFERENCE LAWS, SEE BELOW.

-
A. In accordance with the Louisiana Revised Statute 39:1604, a preference of 10% may be allowed for materials, supplies, products, provisions, or equipment which are produced, manufactured, or assembled in Louisiana, as defined in R.S. 38:2251(A), and which are equal in quality to other materials, supplies, products, provisions.

DO YOU CLAIM THIS PREFERENCE? YES _____ NO _____

SPECIFY ITEM NUMBER(S) _____

Specify location within Louisiana where this product is produced, manufactured, grown or assembled: _____

FAILURE TO SPECIFY ABOVE INFORMATION MAY CAUSE ELIMINATION FROM PREFERENCES.

Bidder shall provide with bid detailed information as to how the item qualifies for this preference. This preference may be allowed if all of the following conditions are met:

- 1) The cost of such items does not exceed the cost of other items which are manufactured, processed, produced, or assembled outside the state by more than ten percent.*
- (2) The vendor of such Louisiana items agrees to sell the items at the same price as the lowest bid offered on such items.*
- (3) In cases where more than one bidder offers Louisiana items which are within ten percent of the lowest bid, the bidder offering the lowest bid on Louisiana items is entitled to accept the price of the lowest bid made on such items.*

- B. In accordance with the Louisiana Revised Statute 39:1604.7, Procurement of Domestic Products Act, a preference of 5% may be allowed for materials, supplies, product, provisions, or equipment which are manufactured in the United States and which are equal in quality to other material, supplies, products, provisions, or equipment.**

DO YOU CLAIM THIS PREFERENCE? YES _____ NO _____

SPECIFY ITEM NUMBER(S) _____

Specify location within the United States where this product is produced, manufactured, grown or assembled: _____

FAILURE TO SPECIFY ABOVE INFORMATION MAY CAUSE ELIMINATION FROM PREFERENCES.

Bidder shall provide with bid detailed information as to how the item qualifies for this preference. This preference may be allowed if all of the following conditions are met:

- (1) The cost of such items does not exceed the cost of other items which are manufactured outside the United States by more than five percent.*
- (2) The vendor of such items agrees to sell the items at the same price as the lowest bid offered on such items.*
- (3) In cases where more than one bidder offers items manufactured in the United States which are within five percent of the lowest bid, the bidder offering the lowest bid on such items is entitled to accept the price of the lowest bid made on such items.*
- (4) The vendor certifies that such items are manufactured in the United States.*

CONDITIONS OF PURCHASE

The following conditions, unless otherwise stated in the bid document, will apply to all purchase orders:

Merchandise must be accompanied by delivery slip or shipping list showing items shipped or delivered and the purchase order number. THE PURCHASE ORDER NUMBER must appear on all invoices, delivery memoranda, bills of lading packages and correspondence.

The University is not responsible for goods delivered or work done without a written order. No allowance for boxing or crating. Unauthorized quantities in excess of this order will be returned or held subject to shipper's order, expense and risk.

Contractor warrants that the merchandise to be furnished hereunder will be in full conformity with the specifications, drawing or sample and agrees that this warranty shall survive acceptance of the merchandise and that contractor will bear the cost of inspecting rejected merchandise.

All rejected goods will be held at contractor's risk and expense, subject to contractor's prompt advice as to disposition. Unless otherwise arranged, all rejected goods will be returned at contractor's expense.

Contractor will, at its expense defend the University against any claim that any merchandise to be furnished hereunder infringes a patent or copyright in the United States or Puerto Rico, and will pay all costs, damages and attorney's fees that a court finally as a result of such claim.

VENDOR INFORMATION SHEET

Please complete this page and the W9 form. The Vendor Information Sheet and W9 form should be completed by new and current vendors of the University and both completed documents should be submitted with bid response.

ORDER FROM NAME AND ADDRESS:

**NAME OF BIDDER MUST MATCH NAME ON ATTACHED W9 FORM.
NAME ON W9 FORM MUST AGREE WITH THE NAME ASSIGNED
TO FEDERAL TAX ID NUMBER PROVIDED.**

Address Line 1

Address Line 2

Address Line 3

Telephone

FAX

E-Mail Contact Address

REMIT TO ADDRESS:

**NAME OF BIDDER MUST MATCH NAME ON ATTACHED W9 FORM.
NAME ON W9 FORM MUST AGREE WITH THE NAME ASSIGNED
TO FEDERAL TAX ID NUMBER PROVIDED.**

Address Line 1

Address Line 2

Address Line 3

Telephone

FAX

E-Mail Contact Address

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - _____

or

Employer identification number

____ - _____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

SEALED BID - CHECKLIST

(Purchases > \$25,000) Sealed Bid # SB01838

Nursing Lab Supplies

PO # _____

Vendor: _____

PR # _____ R0038142

Other POs issued under same PR # _____

- ☐ Vendor List & any addenda - stapled inside front folder
- ☐ Successful Bidders bid package - in order by bid tabulation
- ☐ Tabulation Sheet
- ☐ Other Vendors bids - (unsuccessful, in order by bid tab)
- ☐ Original Bid Specifications Package
- ☐ Advertisement Letters to Daily Comet & Capital City Press
with proof of advertisement
- ☐ Copy of signed Purchase Requisition
- ☐ Copy of Purchase Order sent to vendor - ☐ emailed ☐ faxed

CONSTRUCTION PROJECTS:

(If bid is a labor & materials project that requires skilled labor, the bid folder must contain the above documents and the following additional documents):

- ☐ If site visit and pre-bid required - copy of attendance list to be stapled to the inside, front of the folder with the vendor list.
- ☐ Any certified checks submitted as bid bond security by unsuccessful bidder(s) must be returned to vendor. A copy of those checks are retained and filed with that vendor's bid package.

Once award is made:

- ☐ Letter to successful bidder w/original contract
 - (a) Need performance bond (Contracts for \$25,000 or more)
 - (b) Need proof of Insurance and signed indemnification agreement
- ☐ File copy of performance bond and original insurance certificate and indemnification agreement with bid package.
- ☐ Sign original contract and send contract, original performance bond and PO to vendor.
 - (a) Send PO to vendor - "notice to proceed" (Letter may be substituted when needed)
 - (b) Vendor to file original signed contract, original performance bond and PO with Clerk of Court
 - (c) File copy of Letter, contract, performance bond with bidder's package
 - (d) Certification of recording to provide by contractor at Nicholls
 - (f) Record PO# on bid folder
- ☐ When job is complete - Prepare Notice of Acceptance form to vendor

Note: Any justification notations of rejected bids must be stated in on the bid tabulation sheet. Detailed notations that require more space than available on form must be made in writing (e-mai/ or memo) to be filed with bid tabulation sheet.

(Checklist Information Verified by)

date

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Item # 1 Pocket Nurse item #02-24-5032, or equal, Welch Allyn, disposable thermometer probe covers. 25/pk.

15 @ \$_____ pack = Total \$_____

Item # 2 Pocket Nurse item #02-38-6500, or equal, Gluco SIM™ simulated glucometer. Realistic assessment tool for the simulation environment. Easy to use and looks and feels like a real glucometer. Quality control testing capability, standard or metric mode, instructor-controlled timing, error codes can be entered, USB port for internal battery charging. Includes: (50) Test strips, stylus, AC adapter & instructions. Solution not necessary for simulated testing, 1-Year warranty.

1 @ \$_____ each = Total \$_____

Item # 3 Pocket Nurse item #02-38-6505, or equal, Gluco SIM® test strips, 50/bag.

2 @ \$_____ bag = Total \$_____

Item # 4 Pocket Nurse item #02-40-4001, or equal, Ultrasound Transmission Gel, 8 oz. Thick, no slip formula eliminates air between the transducer and skin. Formulated to be acoustically correct for the broad range of frequencies. Non-irritating, hypoallergenic formula, salt-free, formaldehyde-free, water-soluble formula.

4 @ \$_____ bottle = Total \$_____

Item # 5 Pocket Nurse item #02-40-4151, or equal, Pro Doppler 4 MHz. This versatile, economic and portable doppler allows the instructor to demonstrate how to assess both arterial and venous blood flow. Easy-to-Use, accurate detection with clear sound, High-Sensitivity Interchangeable probe. 4 MHz Probe, requires (2) AA Batteries (NOT Included). 2-year doppler warranty, 1-year probe warranty.

4 @ \$_____ each = Total \$_____

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Item # 6 Pocket Nurse item #03-04-245, or equal, Purell TFX foam hand sanitizer
Package: TFX instant foam hand sanitizer/ TFX touch-free dispenser, stand
(57" H x 16" W x 16" D), 3-year warranty, ORM-D, size: 1200 mL.
Refill #03-04-5456.

2 @ \$_____ pkg = Total \$_____

Item # 7 Pocket Nurse item #03-04-3691, or equal, Purell advanced instant hand
sanitizer. 12 oz. hand pump bottle.

100 @ \$_____ btl = Total \$_____

Item # 8 Pocket Nurse item #03-47-0108, or equal, MEDIUM NitriDerm sterile,
powder-free nitrile exam gloves. Contains NO natural rubber latex proteins.
Sterile pairs in peel-open pouches, ambidextrous, cuff length: 9 in. Medium,
50 pairs/box.

5 @ \$_____ box = Total \$_____

Item # 9 Pocket Nurse item #03-47-0108, or equal, SMALL NitriDerm sterile, powder-
free nitrile exam gloves. Contains NO natural rubber latex proteins. Sterile
pairs in peel-open pouches, ambidextrous, cuff length: 9 in. small, 50
pairs/box.

9 @ \$_____ box = Total \$_____

Item #10 Pocket Nurse item #03-47-0108, or equal, LARGE NitriDerm sterile, powder-
free nitrile exam gloves. Contains NO natural rubber latex proteins. Sterile
pairs in peel-open pouches, ambidextrous, cuff length: 9 in. Large, 50
pairs/box.

1 @ \$_____ box = Total \$_____

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Item #11 Pocket Nurse item #03-47-2511, or equal, EXTRA LARGE Safe Touch Blue Nitrile powder-free nitrile exam gloves. Contains NO natural rubber latex proteins. Non-sterile ambidextrous, extraordinary strength with no loss of sensitivity, FDA 510K registered and meets or exceeds all FDA regulations, Extra-large, 100 pairs/box.

12 @ \$_____ box = Total \$_____

Item #12 Pocket Nurse item #03-47-2511, or equal, LARGE SafeTouch Blue Nitrile powder-free nitrile exam gloves. Contains NO natural rubber latex proteins. Non-sterile, ambidextrous, extraordinary strength with no loss of sensitivity, FDA 510K registered and meets or exceeds all FDA regulations, large, 100 pairs/box.

26 @ \$_____ box = Total \$_____

Item #13 Pocket Nurse item #03-47-2511, or equal, MEDIUM SafeTouch Blue Nitrile powder-free nitrile exam gloves. Contains NO natural rubber latex proteins. Non-sterile, ambidextrous, extraordinary strength with no loss of sensitivity, FDA 510K registered and meets or exceeds all FDA regulations, medium, 100 pairs/box.

20 @ \$_____ box = Total \$_____

Item #14 Pocket Nurse item #03-47-2511, or equal, SMALL SafeTouch Blue Nitrile powder-free nitrile exam gloves. Contains NO natural rubber latex proteins. Non-sterile ambidextrous, extraordinary strength with no loss of sensitivity, FDA 510K registered and meets or exceeds all FDA regulations, small, 100 pairs/box.

34 @ \$_____ box = Total \$_____

Item #15 Pocket Nurse item #03-75-1101, or equal, Fortera360 face mask. Pleated, general use face mask. NOT intended for medical use. Made of non-woven fabric, 3-ply construction, fits most, comfortable elastic ear loop. 50/box.

2 @ \$_____ box = Total \$_____

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Item #16 Pocket Nurse item #03-78-4010, or equal, Cardinal Health Tortuous Path Sharps Container. One-hand, one-step, no-touch sharps depositing. Tortuous path design impedes hand entry, clear top. 12 1/4" H x 4 3/8" D x 11 1/4" W, 5 quart.

20 @ \$_____ each = Total \$_____

Item #17 Pocket Nurse item #05-01-3611, or equal, 3/4" x 3" Dynarex flexible bandage Strips, fabric, sterile, latex free, non-stick pad, 100/box. 3/4" x 3" fabric.

4 @ \$_____ box = Total \$_____

Item #18 Pocket Nurse item #05-01-5270, or equal, Transpore plastic tape 1", lightweight, clear plastic, hypoallergenic, 10 yards, 1", 12/box.

1 @ \$_____ box = Total \$_____

Item #19 Pocket Nurse item #05-01-5380, or equal, Durapore cloth tape, 1", hypoallergenic, convenient bi-directional tear, latex-free, 10 yards, 12/box.

1 @ \$_____ box = Total \$_____

Item #20 Pocket Nurse item #05-01-7110, or equal, Dynarex cloth tape, 1" hypoallergenic, provides secure durable skin adhesion, tears easily without shredding, latex-free, length: 10 yards, 1", 12/box.

2 @ \$_____ box = Total \$_____

Item #21 Pocket Nurse item #05-01-8110, or equal, Dynarex clear surgical tape, 1", hypoallergenic, stretches & conforms to body contours, super adhesion, latex-free, length: 10 yards, 1", 12/box.

2 @ \$_____ box = Total \$_____

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Item #22 Pocket Nurse item #05-02-1000, or equal, alcohol prep pads, 200/box.
Soft, absorbent pads are saturated with 70% isopropyl alcohol. Ideal for
teaching pre-injection preparation & wound or laceration cleaning.
Medium, sterile, 200/box.

18 @ \$_____ box = Total \$_____

Item #23 Pocket Nurse item #05-46-7124, or equal, gravity tube feeding bag.
Large, easy cap opening, patient label, not designed for use with a pump.
Feeding bag only, tubing & accessories NOT included.

100 @ \$_____ each = Total \$_____

Item #24 Pocket nurse item #05-49-4911, or equal, 14 Fr gastric sump tube.
Dual-lumen nasogastric sump tube is made of transparent plastic radiopaque
stripe. Sterile, includes connector, 14 Fr.

50 @ \$_____ each = Total \$_____

Item #25 Pocket Nurse item #05-51-2146, or equal, Kendall Curity gauze sponges.
2" x 2", made from high-grade 100% U.S. grown cotton. Exceeds USP type II
gauze requirements, 2" x 2", 8-ply, 200/bag, non-sterile.

1 @ \$_____ bag = Total \$_____

Item #26 Pocket Nurse item #05-51-4611, or equal, Dynarex drain sponge 4" x 4".
Low linting fabric, pre-cut slit for easy fitting, sterile 2's, 25 packs/box.

4 @ \$_____ box = Total \$_____

Item #27 Pocket Nurse item #05-55-0095, or equal, Cotton bed pads (quilted,
reusable). Extra-absorbent, triple-layered construction to protect bedding &
provide diaper-change protection. Machine washable, 34" x 36", 1 polybag.
Backing colors may vary.

20 @ \$_____ each = Total \$_____

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Item #28 Pocket Nurse item #05-84-0484, or equal, Percale fitted bed sheet. Hydrogen peroxide bleached for whiter color & softer feel. 55% cotton/polyester percale fabric, wrinkle resistant 36" x 84" x 9".

20 @ \$_____ each = Total \$_____

Item #29 Pocket nurse item #05-84-1001, or equal, bath towel 20" x 40" white, 100% cotton.

20 @ \$_____ each = Total \$_____

Item #30 Pocket Nurse item #05-84-1006, or equal, flat bed sheet. 250 thread count, white, 66" x 115".

20 @ \$_____ each = Total \$_____

Item #31 Pocket Nurse item #05-84-1007, or equal, pillow case, white standard, 250 thread count, 21" x 32".

20 @ \$_____ each = Total \$_____

Item #32 Pocket Nurse item #05-84-3001, or equal, terry cotton bath towel, 20" x 40", white.

5 @ \$_____ each = Total \$_____

Item #33 Pocket Nurse item #05-84-3002, or equal, cotton washcloth, white, 12" x 12", 100% cotton.

25 @ \$_____ each = Total \$_____

Item #34 Pocket Nurse item #05-84-6697, or equal, cotton thermal blanket 66" x 96", White, 100% cotton.

5 @ \$_____ each = Total \$_____

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Item #35 Pocket Nurse item #05-84-7000, or equal, bed linen package. Draw sheet: white, 54" x 72", fitted bed sheet: white, 39" x 80" x 9", flat bed sheet: white, 66" x 115", pillow case: white, 21" x 32". Each item has a 250 thread count.

5 @ \$_____ pkg = Total \$_____

Item #36 Pocket Nurse item #05-84-9683, or equal, Medsoft reusable pillow, white, 20" x 26", non-washable.

5 @ \$_____ each = Total \$_____

Item #37 Pocket Nurse item #05-87-0102, or equal, Adult StatLock® Foley stabilization device, accommodates latex 8-22 Fr. and silicone 8-26 Fr. catheters. Latex-free, 25/case.

4 @ \$_____ each = Total \$_____

Item #38 Pocket Nurse item #05-87-8944, or equal, Dover Hydrogel coated Foley Tray. 14 Fr. 5 mL catheter pre-connected to 2000 mL drainage bag. Sterile, CSR wrap, fenestrated drape, underpad, blue nitrile exam gloves, forceps, prepping balls, 10 mL prefilled sterile syringe, water inflation syringe, bellows lubricant syringe (10 g), povidone-iodine solution, specimen container with label, foley reminder label and patient education pamphlet. Latex foley catheter with Ultramer™ hydrogel coating, 2000 mL capacity, tube length: 48 in., 14 Fr.

30 @ \$_____ each = Total \$_____

Item #39 Pocket Nurse item # 06-21-6005, or equal, Saf-T holder blood culture device with female luer, 50/box. Back-end needle & Luer permanently attached to the holder, compliance with OSHA directives, provide safe needleless transfer after a draw.

2 @ \$_____ each = Total \$_____

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Item #40 Pocket Nurse item #06-26-1520, or equal, BD Insyte autoguard shielded IV winged catheter, 22 G x 1", 50/box. Mfr. #381523.

4 @ \$_____ box = Total \$_____

Item #41 Pocket Nurse item #06-26-2538, or equal, B. Braun Introcan safety IV winged catheter, 20 G x 1 1/4", 50/box. Mfr. #4254538-02.

10 @ \$_____ box = Total \$_____

Item #42 Pocket Nurse item #06-51-2628, or equal, Central line dressing tray.
Includes: alcohol, triple swabstick, Chloraprep 3 mL with insert, Tegaderm dressing 4 X 4.75 Inch, gauze: 4 X 4 inch 4-Ply pair nitrile exam gloves in wallet, medium, blue, pair nitrile exam gloves in Wallet, medium, Powder-free, blue, dressing change label 1 X 1.6-inch, mask with earloop folded, transparent strip tape 1 X 4 inch, wrap 17 X 19 inch, white, 20/case.

7 @ \$_____ case = Total \$_____

Item #43 Pocket Nurse item #06-51-3150, or equal, Demo B-Patch simulated Biopatch disk to teach students application and change of central and arterial catheter dressings. Single disc in peel-open pouch.

20 @ \$_____ pkt = Total \$_____

Item #44 Pocket Nurse item #06-54-0220, or equal, StatLock PICC Plus stabilization device combining the latest in StatLock design & engineering technology. StatLock PICC Plus device secures most winged catheters on the market. No clamp is needed to secure the catheter, no instrument needed to remove it.

2 @ \$_____ each = Total \$_____

Item #45 Pocket Nurse item #06-54-1986, or equal, Refurbished Sigma Spectrum (Baxter Configured). Includes customizable educational drug library, master drug library (MDL) PC based, pharmacy edited & controlled, customized in-house library of all IV & epidural drugs, along with their safety parameters. Drug library transfer, transfer from a wireless network connection to pumps using wireless battery modules, infusion modes for large & small volume

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parameters (LVP), drug error prevention prevents wrong dose mode & dose rate. Uses standard gravity IV sets (from Hospira or Baxter), 1-year parts and labor warranty. Drop ship.

5 @ \$_____ each = Total \$_____

Item #46 Pocket Nurse item #06-54-4261, or equal, IV Start Kit with ChloroPrep. (2) gauze dressings (2" x 2", 4-ply), latex free tourniquet, suresite window dressing 2.37" x 2.75", Medfix transparent tape roll (3/4" x 18"), ChloroPrep antiseptic (0.67 mL), (pair) powder free vinyl gloves, ORMD.

200 @ \$_____ each = Total \$_____

Item #47 Pocket Nurse item #06-54-6425, or equal, Baxter Interlink Solution Set. Primary length: 101", GTT/mL, 10/Y site, 2 NF (needle free), mfr. # 2C6425. Baxter Clearlink & Interlink IV tubing systems are needleless with standard set technology. The tubing systems are compatible with both Baxter Colleague and Flo-Guard infusion pumps. The tubing can also be used as a "gravity flow".

200 @ \$_____ each = Total \$_____

Item #48 Pocket Nurse item #06-54-7461, or equal, Baxter Clearlink Secondary IV Set. Length: 37", GTT/mL: 10 Y site: N/A, mfr. #2C7461.

100 @ \$_____ each = Total \$_____

Item #49 Pocket Nurse item #06-54-7462, or equal, Baxter Clearlink DuoVent Secondary Set. Length: 37", GTT/mL 10, Y site N/A, mfr. #2C7462.

200 @ \$_____ each = Total \$_____

Item #50 Pocket Nurse item #06-54-7520, or equal, Thermodilution 5 Lumen Catheter. Also known as a swan catheter. 7.5 Fr. x 110 cm.

1 @ \$_____ each = Total \$_____

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Item #51 Pocket Nurse item #06-82-2995, or equal, BD Syringe only, luer-lok tip, size: 10 mL, Qty: each, mfr. #302995.

200 @ \$_____ each = Total \$_____

Item #52 Pocket Nurse item #06-82-5180, or equal, BD Blunt fill needle with luer-lok hub, size: 18 G x 1 1/2", qty: 100/box, mfr. #305180.

3 @ \$_____ box = Total \$_____

Item #53 Pocket Nurse item #06-82-5759, or equal, BD Eclipse safety needle. Size: 25G x 5/8", qty: 100/box, mfr. #305759.

3 @ \$_____ box = Total \$_____

Item #54 Pocket Nurse item #06-82-5761, or equal, BD Eclipse safety needle. Size: 25G x 1", qty: 100/box, mfr. #305761.

1 @ \$_____ box = Total \$_____

Item #55 Pocket Nurse item #06-82-5762, or equal, BD Eclipse safety needle. Size: 23G x 1", qty: 100/box, mfr. #305762.

2 @ \$_____ box = Total \$_____

Item #56 Pocket Nurse item #06-82-5946, or equal, BD Tuberculin syringe with permanently attached SafetyGlide needle. Size: 1 mL, 26G x 3/8", qty: 100/box, mfr. #305946.

2 @ \$_____ box = Total \$_____

Item #57 Pocket Nurse item #06-82-6546, or equal, PosiFlush normal saline prefilled syringe. NOT A DEMO DOSE PRODUCT. Volume: 10 mL, 30/box.

2 @ \$_____ box = Total \$_____

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Item #58 Pocket Nurse item #06-82-9574, or equal, BD Luer-Lok syringe with needle.
Size: 3 mL, 22G x 1 1/2", qty: 100/box, mfr. #309574.

50 @ \$_____ box = Total \$_____

Item #59 Pocket Nurse item #06-82-9603, or equal, BD syringe only, Luer-Lok tip,
size: 5 mL, qty: 125/box, mfr. #309646.

4 @ \$_____ box = Total \$_____

Item #60 Pocket Nurse item #06-82-9657, or equal, BD syringe only, Luer-Lok tip,
size: 3 mL, qty: 200/box, mfr. #309657.

8 @ _____ box = Total \$_____

Item #61 Pocket Nurse item #06-93-0530 Demo Dose Sodim Chlorid 0.9%.
Therapeutic Class: Mineral and Electrolyte Replacement, Volume: 30 mL,
Strength: 0.9%, For use as a simulated sterile diluent.

100 @ \$_____ bottle = Total \$_____

*****Must be Demo Dose to be compatible with existing equipment*****

Item #62 Pocket Nurse item #06-93-0619 Demo Dose Steril Water. Therapeutic class:
Fluid, 10 mL, for use as a simulated sterile diluent.

140 @ \$_____ bottle = Total \$_____

****Must be Demo Dose to be compatible with existing equipment*****

Item #63 Pocket Nurse item #06-93-1000 50ML Demo Dose Simulated IV Fluid.
5% Dextros, size: 50 mL, qty: each.

20 @ \$_____ each = Total \$_____

*****Must be Demo Dose to be compatible with existing equipment*****

Item #64 Pocket Nurse item #06-93-1020 500ML Demo Dose Simulated IV Fluid.
0.9% Sodim Chlorid, size: 500 mL, qty: each.

100 @ \$_____ each = Total \$_____

*****Must be Demo Dose to be compatible with existing equipment*****

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Item #65 Pocket Nurse item #06-93-1020 50ML Demo Dose Simulated IV Fluid.
0.9% Sodim Chlorid, size: 50 mL, qty: each.

300 @ \$_____ each = Total \$_____

*****Must be Demo Dose to be compatible with existing equipment*****

Item #66 Pocket Nurse item #06-93-1109 Demo Dose Code Bundle 1: Dextros 50%.
Use code bundles to create authentic code scenarios for continuing education until your students master specific procedures & skills. Each box contains a glass vial with syringe & Luer-Lok needle-free adapter, except 50% dextros injection, which comes as a two-piece syringe. Each box also comes with a 20-gauge protected needle, except 8.4% Sodim Bicarbonat, which comes with an 18-gauge needle. Demo Dose Dextros 50%, 50mL syringe.

20 @ \$_____ each = Total \$_____

*****Must be Demo Dose to be compatible with existing equipment*****

Item #67 Pocket Nurse item #06-93-1111 Demo Dose Code Bundles: Code Bundle 1:
These code bundles create authentic code scenarios for continuing education until your students master specific procedures & skills. Each box contains a glass vial with syringe & Luer-Lok needle-free adapter. Each box also comes with a 20-gauge protected needle. Also contains one of each of the following: Epinephrn 0.1 mg/mL 10 mL syringe (06-93-1100), Lidocain 2% 5 mL syringe (06-93-1101), Atropin 0.1 mg/mL 10 mL syringe (06-93-1102), Sodim Bicarbonat 8.4% 50 mL syringe (06-93-1103)*, Calcim Chlorid 10% 10 mL syringe (06-93-1104), Dextros 50% 50 mL syringe (06-93-1109).
* Sodim Bicarbonat comes with an 18G protected needle. *

5 @ \$_____ each = Total \$_____

*****Must be Demo Dose to be compatible with existing equipment*****

Item #68 Pocket Nurse item #06-93-2002 Demo Dose Filled Unlabeled Vial Clear.
Volume: 2mL. Simulate the preparation of intradermal & immunization injections, clear 2 mL.

100 @ \$_____ bottle = Total \$_____

*****Must be Demo Dose to be compatible with existing equipment*****

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Item #69 Pocket Nurse item #06-93-2031 Demo Dose Practice Vaccine Drug.
Therapeutic class: Vaccine, volume: 2mL.

40 @ \$_____ bottle = Total \$_____

*****Must be Demo Dose to be compatible with existing equipment*****

Item #70 Pocket Nurse item #06-93-2100 Demo Dose Methylprednisolon
(SOLU-Medrl). Therapeutic class: Corticosteroid, volume: 2 mL,
Strength: 125 mg/2 mL.

100 @ \$_____ bottle = Total \$_____

*****Must be Demo Dose to be compatible with existing equipment*****

Item #71 Pocket Nurse item #06-93-2200 Demo Dose Prefilled Syringes.
Simulate the injection of medication through ports, G-tubes, IV lines,
etc. with the Demo Dose prefilled syringe. Filled with water and has a Luer-
Lok tip. 10 mL, qty: each.

40 @ \$_____ each = Total \$_____

*****Must be Demo Dose to be compatible with existing equipment*****

Item #72 Pocket Nurse item #06-93-3005 Demo Dose Powder for Reconstitution.
Volume: 10 mL, strength: 200 mg/mL. Reconstitute powder using the
Demo Dose vial (06-93-3113).

40 @ \$_____ bottle = Total \$_____

*****Must be Demo Dose to be compatible with existing equipment*****

Item #73 Pocket Nurse item #06-93-3007 Demo Dose Antibiotic White Powder.
Therapeutic class: antibiotic, volume: 10 mL, strength: 1g/ 10 mL.
Vial contains white powder for reconstitution for single use.
Reconstitute powder using the Demo Dose vial (06-93-3113).

100 @ \$_____ bottle = Total \$_____

*****Must be Demo Dose to be compatible with existing equipment*****

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Item #74 Pocket Nurse item #06-93-3112 Demo Dose Mini Vial. Volume: 2 mL,
Simulate the preparation of intradermal & immunization injections.
Tinted yellow.

80 @ \$_____ bottle = Total \$_____

*****Must be Demo Dose to be compatible with existing equipment*****

Item #75 Pocket Nurse item #06-93-3119 Demo Dose Naloxon (Narcn).
Therapeutic class: antidote, volume: 10 mL, strength: 0.4 mg/mL.

25 @ \$_____ bottle = Total \$_____

*****Must be Demo Dose to be compatible with existing equipment*****

Item #76 Pocket Nurse item #06-93-3381 Demo Dose Measls, Mmps & Rubell Virus
Vaccine Live. Therapeutic class: Vaccine, volume: 0.5 mL, strength:
0.5 mL/dose. Comes with diluent.

40 @ \$_____ bottle = Total \$_____

*****Must be Demo Dose to be compatible with existing equipment*****

Item #77 Pocket Nurse item #06-93-6922 Demo Dose Ondansetrn Hychlorid (Zofrn).
Therapeutic class: Antimetec, volume: 2 mL, strength: 2 mg/mL.

20 @ \$_____ bottle = Total \$_____

*****Must be Demo Dose to be compatible with existing equipment*****

Item #78 Pocket Nurse item #06-93-8500 Demo Dose Naloxan Hydrochlorid (Narcn)
Kit 2mL/, 2mg/2mL is indicated to teach the complete or partial reversal of
opioid depression, including respiratory depression, induced by natural and
synthetic opioids, including propoxyphene, methadone and certain mixed
agonist-antagonist analgesics: malbuphine, pentazocine, butorphanol, and
cyclazocine. Naloxon is also indicated for diagnosis of suspected or known
acute opioid overdose. Naloxon may be useful as an adjunctive agent to
increase blood pressure in the management of a septic shock simulation.
Therapeutic Class: Antidote, Volume: 2 mL, Strength: 2 mg/2 mL.
Includes: MAS, Mucosal Atomization Device, Demo Dose Naloxon,
2 mL 2mg/2 mL Bristoject (contains water), Reusable zipper pouch, Pair of
NirtoDerm® Orange nitrile exam gloves (medium). (1) Pocket Nurse® CPR
face Shield.

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3 @ \$_____ pkg. = Total \$_____

*****Must be Demo Dose to be compatible with existing equipment*****

Item #79 Pocket Nurse item #07-07-5021, or equal, Medline Universal Suction Tubing with Scalloped Connectors. Comes with a universal female connector at each end to attach to a wide range of aspirators and other medical instruments. Used to extract mucus and other fluids. Sterile, Latex-free. Includes a straight male connector for versatility. Non-conductive tubing for excellent draping to keep shape and aid suctioning. Markers for cutting every three feet. Strong, collapse-resistant tubing, Easy connections. Length: 6 ft., Diameter: 3/16 in.

80 @ \$_____ each = Total \$_____

Item #80 Pocket Nurse item #07-71-1059, or equal, ADULT Dynarex Non-Rebreather with safety vent. Made of a clear soft vinyl with an adjustable nose clip & low-resistance check valve. Elongated (under-the-chin) fit. Soft, clear finish for easier monitoring, better comfort. Adjustable nose clip and elastic braid. Fits standard oxygen tubing connector. Size: Adult, Length: 7 ft.

2 @ \$_____ each = Total \$_____

Item #81 Pocket Nurse item #07-71-6430, or equal, Tracheostomy Tube with Disposable Inner Cannula (DIC). Sterile, O.D.: 10.8 mm, size: 6, length: 74 mm, I.D. 6.4 mm, latex-free.

30 @ \$_____ each = Total \$_____

Item #82 Pocket Nurse item #08-82-1040 Demo Dose Sutures. Provides students the opportunity to practice suturing & knot tying. Sterile, Braided silk, Size: 4/0, color: Black, 12/Box.

25 @ \$_____ box = Total \$_____

*****Must be Demo Dose brand*****

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Item #83 Pocket Nurse item #08-82-7470, or equal, Suturing Tray with Satin Instruments. Halsey needle holder (fine point, 5 in), Adson forceps (1" x 2", fine point, satin), (2) 2oz. medicine cups, (5) 2" x 2" gauze sponges (8-ply), (8) 4" x 4" gauze sponges (8-ply). 18" x 26" fenestrated drape. Absorbent towel (19.5" x 23"), Iris scissors (straight), latex free.

100 @ \$_____ each = Total \$_____

Item #84 Pocket Nurse item #09-31-823, or equal, Simulation Lab Communication Whiteboard. Show students how to utilize the written word to improve patient & family communication with hospital staff for better outcomes. Aluminum frame, hook and wire for mounting, hardware not included, 24" x 36".

5 @ \$_____ each = Total \$_____

Item #85 Pocket Nurse item #06-82-7051, or equal, Port Access Needle Set with Y Injection Site. 20 G x 0.8 in. Green dot indicator appears when safety mechanism is successfully engaged. Low profile & foam pad to assist with placement of securement dressing. Flexible & ergonomic wings to provide secure handling during insertion & removal of the needle. Small, transparent, round based plate, designed to help increase stability & help visualize the placement of the needle. (1) Y site, 20 mm, 20G x 0.8 in., sterile, not made with rubber latex.

20 @ \$_____ each = Total \$_____

Item #86 Pocket Nurse item #06-93-6020 1000 mL Demo Dose Totl Parenterl Nutrition with MVT. Therapeutic class: Nutritional Supplement, Volume: 1000 mL.

2 @ \$_____ bag = Total \$_____

*****Must be Demo Dose to be compatible with existing equipment*****

Item #87 Pocket Nurse item #06-93-6025 500 mL Demo Dose Totl Parenterl Nutrition With Lipids. Therapeutic class: Nutritional Supplement, Volume: 500 mL.

2 @ \$_____ bag = Total \$_____

*****Must be Demo Dose to be compatible with existing equipment*****

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Item #88 Pocket Nurse item #08-56-4160-10, or equal, Disposable Safety Scalpels, Dynarex. Blade retracts with one motion, lock blade in handle for safe disposal, Sheffield stainless steel blade, Packaged in individual pouches. Gamma sterilized, Handle length: 4.9 in., 10/Box.

10 @ \$_____ box = Total \$_____

Item #89 Henry Schein item #1162821, or equal, Lifeshield Macrobores Extension Set. 20 Male Adapter/Female Adapter Primary Infusion, Gravity 20" Priming Volume 2.7mL Slide Clamp Sterile Pack. Not made with natural rubber latex disposable macrobore 50/Case.

3 @ \$_____ case = Total \$_____

Item #90 Compression socks for Circulation, 3-pair.

2 @ \$_____ pkg = Total \$_____

Item #91 Visco Memory Foam Square Sheet.

2 @ \$_____ each = Total \$_____

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THE BRAND NAMES SPECIFIED ARE USED ONLY TO DESCRIBE THE STANDARD OF QUALITY, PERFORMANCE, AND CHARACTERISTICS DESIRED AND IS NOT INTENDED TO LIMIT OR RESTRICT COMPETITION. HOWEVER, IF BIDDING AN "EQUIVALENT" TO BRAND OR MODEL SPECIFIED, BIDDERS SHOULD SUBMIT WITH THE BID RESPONSE INFORMATION (SUCH AS ILLUSTRATIONS, DESCRIPTIVE LITERATURE, TECHNICAL DATA) SUFFICIENT FOR THE UNIVERSITY TO EVALUATE QUALITY, SUITABILITY, AND COMPLIANCE WITH THE SPECIFICATIONS OF THE SOLICITATION DOCUMENT. FAILURE TO SUBMIT DESCRIPTIVE INFORMATION MAY CAUSE BID TO BE REJECTED. ANY CHANGE MADE TO A MANUFACTURER'S PUBLISHED SPECIFICATION SUBMITTED FOR A PRODUCT SHALL BE VERIFIABLE BY THE MANUFACTURER. IF ITEM(S) BID DOES NOT COMPLY WITH SPECIFICATIONS (INCLUDING BRAND AND/OR PRODUCT NUMBER), BIDDER SHOULD STATE IN WHAT RESPECT THE ITEM(S) DEVIATE. FAILURE TO NOTE EXCEPTIONS ON THE RESPONSE FORM WILL NOT RELIEVE THE SUCCESSFUL BIDDER(S) FROM SUPPLYING THE ACTUAL PRODUCTS REQUESTED.

BID SUBMITTED BY: _____

(Please print or type name)

NAME OF FIRM: _____

ADDRESS: _____

TELEPHONE/FAX: _____

E-MAIL: _____

PRICE MUST INCLUDE COST FOR SHIPPING AND DELIVERY TO NICHOLLS STATE UNIVERSITY.

Addenda Acknowledgement: _____
